

Kentucky Board of Chiropractic Examiners Continuing Education Application

***Complete the application in its entirety. All required information and documents must be included. Failure to do so will result in a delay in processing the application and possible denial of the course.**

***Applications must be received 60 days prior to the date the course is to take place.**

*** Kentucky law allows for a maximum of 8 hours of continuing education to be obtained per day.**

***A Course Outline/Syllabus must be included with this application.**

***A CV for each course instructor must be included with this application.**

***Each course must have an objective for the entire course or an objective for each section taught by each instructor.**

***No CE credit can be given for Philosophy or Practice Building per KY law.**

***PACE certified entities applying for online CE credits MUST apply through PACE.**

***All fees are non-refundable.**

-Live Events Only -A minimum fee of \$25.00 for a live one-time event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. For events with multiple dates and locations there will be an additional \$25.00 fee.

-Online Events Only- A minimum fee of \$25.00 for a live one-time event or recorded event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. The online event will remain approved for 1 calendar year.

-Live Event That Will Also Be Recorded To Be Used As Online CE – A minimum \$50.00 for an event of 16 hours or less. Any event over 16 hours will be \$2.00 per requested credit hour with a maximum fee of \$100.00. The online event will remain approved for 1 calendar year.

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Course Title _____

Organization or School Presenting the Course _____

Name of Cosponsor if Applicable _____

Contact information of the person filling out this application:

Name _____ Phone _____

Email _____ Fax _____

Address _____

For Live Events- Date(s) and Location(s) _____

For Online Events – Please choose a date that you want credit for the course to begin once approved.

_____ - 60 days from when the application was received by the Board

_____ - Choose a Date - (no earlier than 60 days from when the application was received)

Exact Hours the Course will be offered _____

Total Hours Requested _____

Total Hours Requested For Each Day _____

Maximum Hours Doctor Can Attain/ Day _____

Maximum Hours Doctor Can Attain/Course _____

Name(s) of Instructor(s)-- *CV Must Be Attached for Each Instructor (1st 2 pages of CV is sufficient)

Provide the name of the attendance officer, method of certifying/assuring attendance, and who maintains the attendance records.

I hereby certify that the information included in this application is correct and nothing has been omitted. I also certify that all required enclosures have been included.

Print Name _____

Title _____

Signature _____

Date _____